Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
<u>Coverage</u>	<u>voidine (illinois)</u>	Change (+ or -)
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
		
3. Liability Other Than Auto		
 Burglary and Theft Glass 		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners	7.047	E 40/
13. Commercial Multi-Peril14. Crop Hail	7,817	<u>-5.1%</u>
15. Other		-
Line of Insurance		
Brief description of filing, (If filing follows	territories) or certain classes? If so, specify rates of an advisory organization, specify on the concurrent Property	organization): Initial Inland Marine filing
*Adjusted to reflect all prior rate changes		
	hich will result from application of new rate	S.
	Brotherhood	l Mutual Insurance Company
	·	Name of Company
	Donald Glick -	AVP, Research & Development
	<u> </u>	Official - Title
DIVISION OF INSURA	FPK	
RECEIVE		
RECEIVE		
FEB 1 4 2006		

SPRINGFIELD, ILLINOIS

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective _		4-1-2006
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)</u> *	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage Private Passenger Commercial		
Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine	_	
12. Homeowners		
13. Commercial Multi-Peril	1,586,000	-14.4%
14. Crop Hail		
15. Other Line of Insurance		
Line of Insurance		
Does filing only apply to certain territory (terr	itories) or certain classes? If so, specify	y: <u>N/A</u>
Brief description of filing. (If filing follows ra LCMs downward to reflect our favorable loss		
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	• •	es. s Mutual Insurance Company Name of Company
	Thomas E. Cla	aude - Regional Vice President
		Official - Title

